

**ARIZONA LAW ENFORCEMENT MERIT SYSTEM COUNCIL**

**TRAINING AND EXPERIENCE SUPPLEMENT**

**for**

**FLEET SERVICE SUPERVISOR**

**Selection Process I.D. #**

**3222/--/0812.E1**

**NAME** \_\_\_\_\_

**LAST FOUR DIGITS OF SSN#** \_\_\_\_\_

**AUGUST 2012**

**FLEET SERVICE SUPERVISOR**  
**SUPPLEMENT TO APPLICATION**

This supplement, along with your application, will be used to determine your eligibility for the classification of Fleet Service Supervisor for the Department of Public Safety. Your responses to these questions will be reviewed to evaluate your experience. Those candidates with the most highly rated job-related backgrounds and experience will be invited to continue in the selection process.

1. How many years of experience do you have supervising vehicle mechanics?
  - ☐ 3+
  - ☐ 2+
  - ☐ 1+
  - ☐ None
  
2. Do you have a current DOT medical certificate?
  - ☐ Yes
  - ☐ No
  
3. Do you have a current CDL?
  - ☐ Yes
  - ☐ No
  
4. How many years of emergency vehicle service/repair experience do you have?
  - ☐ 7 or more years
  - ☐ 4 to 6.9 years
  - ☐ 1 to 3.9 years
  - ☐ Less than 1 or None
  
5. How many years of vehicle up-fit and modification experience do you have?
  - ☐ 7 or more years
  - ☐ 4 to 6.9 years
  - ☐ 1 to 3.9 years
  - ☐ Less than 1 or None

6. Do you have current ASE Certification in the following areas?

- ☐ A9 light vehicle diesel engines      Expires: \_\_\_\_\_
- ☐ C1 automobile service consultant      Expires: \_\_\_\_\_
- ☐ X1 Exhaust systems      Expires: \_\_\_\_\_
- ☐ P2 automobile parts specialist      Expires: \_\_\_\_\_
- ☐ P4 General Motors parts consultant      Expires: \_\_\_\_\_

7. Have you used a fleet management system?

- ☐ Yes
- ☐ No

8. Are you proficient at an intermediate level or better in the following? (circle if yes)

- ☐ Microsoft Word
- ☐ Microsoft Excel
- ☐ Microsoft Power Point

9. Do you have training in the proper and safe use of gas/arc welding and cutting equipment?

- ☐ Yes
- ☐ No

If you answered yes, please list the processes in which you are trained:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

10. Do you have refrigerant recovery and recycling certification?

- ☐ Yes
- ☐ No

11. Do you have experience and training in the use of vehicle recovery equipment?

☐ Yes

☐ No

If you answered yes, please check equipment you have used:

- Rollback \_\_\_\_\_
- Wrecker (Light/Medium Duty) \_\_\_\_\_
- Wrecker (Heavy Duty) \_\_\_\_\_

12. Do you have experience operating a forklift?

☐ Yes

☐ No

13. How many years of experience do you have training vehicle mechanics?

☐ 3+

☐ 2+

☐ 1+

☐ None

14. How many years of experience do you have in the administration of company/agency policies, including the administration of employee discipline?

☐ 3+

☐ 2+

☐ 1+

☐ None

15. How many years of experience do you have in conducting employee performance appraisals?

☐ 3+

☐ 2+

☐ 1+

☐ None

## **CERTIFICATE OF APPLICANT VERIFICATION**

By my signature, I certify that all answers on this training and experience questionnaire are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my employment with the Arizona Department of Public Safety terminated.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Last four digits of SSN# \_\_\_\_\_

Date \_\_\_\_\_